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Original Department.

Lecture.

ON PAIN AND ANÆSTHETICS.

Delivered, by invitation, before the Class of the Pennsylvania College of Dental Surgery, February 6th, 1880.

BY LAURENCE TURNBULL, M.D.

Reported by Lewis S. Ayers, D.D.S.

Dr. Turnbull was introduced by Professor Wilbur F. Litch, with a few complimentary remarks in regard to his devotion to the subject of anæsthetics, which were received with applause by the class.

Dr. Turnbull commenced his lecture by defining pain, and enumerating the various kinds; also the influence they had upon the mind as well as the body. He then passed to the evil influence of pain, affecting man so as, in some instances, to produce shock, depression and even death. The lecturer dwelt upon the use of certain drugs by the ancients, in allaying the agony of pain. He then passed, step by step, to the time when everything seemed to be ready for the great discoveries of the wonderful, nay, almost magical agents with which we now produce artificial anæsthesia. He gave the opinion of the great surgeons of the day on the value of anæsthetic agents in operations like amputations, etc. He then went on to state that we had now come to the most important part of the subject; that is, the choice of an anæsthetic for the various purposes of the surgeon, accoucheur, or dentist. For very protracted operations, in large hospitals or on the field, the agent which has been employed, in this city and we may say in the United States, is pure *ether*. On shipboard or in very hot climates, the ether, on account of its volatility, is not so available, and is better mixed with alcohol or chloroform. In a very few cases chloroform has to be resorted to, but, owing to its long and painful record of valuable lives lost, it must only be employed with the greatest amount of care, and never, except by a qualified medical man and an assistant, and the following means of resuscitation at easy command: A bottle of nitrite of amyl, a portable galvanic or faradic battery, strong liquor ammonia, ice, a pair of catch-forceps, and an air bag with nose-piece, to carefully inflate the lungs. Chloroform should never, for operations upon the mouth, be given in the dental chair, but always in the reclining position, and the patient on his side, so that blood could run out at the angle of the mouth.

The records of some of our most distinguished accoucheurs and gynecologists differ in regard to the agent they prefer. The late Drs. Washington Atlee and Peaslee either employed *ether* alone or a mixture of ether and chloroform, and in conjunction with Dr. W. H. Green we discovered the best mixture to be by weight, namely, nine and one-quarter parts of pure ether, to thirteen and one-quarter parts of chloroform. We have administered Dr. Atlee's mixture for him with wonderfully good results. In parturition we have employed pure ether with success, and others have, on equally good authority, used the mixture proposed by the Medico-Chirurgical Society of London, which consists of ether three parts, chloroform two parts, and alcohol one part. In a recent work on anæsthetics* will be found full details of the numerous experiments with the various agents composing the anæsthetic mixtures, also a careful record of every case of death resulting therefrom.

For the dentist, in extraction of teeth, the safest anæsthetic is *nitrous oxide gas*, pure and freshly made, which, with but little effort, produces complete insensibility to pain, and is most rapidly eliminated from the system. In this city, in the eighty thousand operations, no death has ever re-

* "Manual of Artificial Anæsthesia," 2d Ed.

sulted from it, and even where cases of death have been stated to have been caused by it in other cities proof has been wanting in some important matter, and our investigations with the various tests, on ourselves and others, and with the ophthalmoscope, microscope and spectroscope, has fully proven that in the ordinary doses in which it is employed it is absolutely safe, that is, as far as the word can be applied to an anæsthetic. For all operations in surgery, both for the general surgeon and dentist, at the house of the patient or in the private office, nothing has yielded such satisfactory results as *hydrobomic ether*. This, said the Doctor, was my own opinion, expressed in my work when I wrote my conclusions, in June 1879, and this opinion has been confirmed by its still more extended use in one hundred and sixty cases, in all kinds of operations. These facts have been proven, not only by myself but by surgeons in New York, Philadelphia, and in the West. Its odor is so agreeable, and it produces on the throat and upper parts of the pharynx such an anæsthetic effect, that operations can be performed upon these parts with ease and safety. It will not easily ignite and Professor Litch will show you by this specimen that it will even put out the light of this lamp, or that of a match.

I will relate only one or two instances of the many in which I have used the hydrobromic ether in the removal of hypertrophied tonsils, fibrous polyps, etc., without cough or irritation.

(Case 9, page 75, "Artificial Anæsthesia," second edition.) A child, three years old, and perfectly healthy, had lacerated the soft palate by running into it a pointed piece of wood. Two sprinklings of hydrobromic ether on a napkin sufficiently relaxed the patient, and produced such temporary anæsthesia as to permit touching the cornea without movement, and a thorough examination and stitching of the wound, with full and free examination of the fauces.

Also Case 3, page 73, where, with three drachms, a patient was etherized with the hydrobromic in less than three minutes, and a painful tooth extracted, the antrim perforated, and the cavity freed from pus. The recovery was prompt, with entire relief to the parts, which could be touched with impunity, while before the use of the agent they were so sensitive as to cause pain on the slightest touch.

Experiments with Hydrobromic Ether prior to my first use of it.—The late Dr. Thomas Nunneley,* of Leeds, made five experiments on animals, with hydrobromic ether, in 1849, taking two dogs and three cats; one of the latter died; they were all placed in large jars and atmospheric air excluded. "A full-sized terrier dog was put into a four-gallon jar, with one drachm of 'bromic ether.' The last cat which was operated on was put into a six hundred cubic inch jar, in which there was one drachm of bromic ether. He absolutely did not move a muscle, but gradually sank down, head foremost, to the bottom of the jar, and in one minute he was perfectly insensible. The respiration became laborious, then slower, and in fifteen minutes it altogether ceased. In twenty-five minutes he was removed from the jar, which still smelled very strong of the ether.

"Post-mortem examination immediately. Muscles quite flaccid. On dividing the phrenic nerves the diaphragm moved slightly. Chest: lungs crimson in color, and much collapsed; pulmonary veins very full; bronchial membranes pale and dry; heart, both auricle and ventricle, on the right side, as full as possible; the venæ cavæ also excessively distended; the left auricle also very much distended, but the ventricle was firmly contracted and empty; the proper vessels of the heart were not much filled; the blood was alike dark on both sides. Head: sinuses filled; the pia-matter congested, as was the brain, but not in a corresponding degree; its substance was serous, and there was a little fluid in the ventricles."

At p. 325 of the same Transactions there is another short paragraph in reference to the hydrobromic ether, as follows: "The bromide of ethyl is a pleasant, rather fragrant ether, not of a very penetrating smell, is sweetish to the taste, at first rather insipid than not, but afterward it is more pungent. It possesses very considerable anæsthetic power. Its inhalation does not produce irritation, and does not appear to be unpleasant. When used in large quantities, the animals soon recover from a condition of complete insensibility, without any disagreeable symptom; and when, as in the third experimented upon, the cat, in a full dose, without air, the creature sank down, without moving a muscle, merely from its weight, into a state of the most profound anæsthesia, within one minute after being put in the jar. The fact of respiration continuing at all, during fourteen minutes, in such a condition, shows that this fluid is more manageable than some others."

There are no further experiments published until the meeting of the British Medical Association in 1865, when Dr. Nunneley brought the

* Transactions of the Provincial Association. London 1849. See also the article in the MEDICAL AND SURGICAL REPORTER.

subject before the meeting, and stated that he had employed either hydrobromic ether or Dutch oil, chloride of olefiant gas, in all the principal operations at the Leeds General Eye and Ear Infirmary, but he gives no experiments by any one else who had tried it. There has been no other mention made of it, and it seems to have died a natural death, until revived in 1876–7, by the French, but they only made experiments on the lower animals, and like myself, were not aware of the English experiments; nor is there any notice taken of them by any British or American writer on materia medica or therapeutics.* When I brought it before the British Medical Association at Cork, in July, 1879, not one of the gentlemen present in the Section on Otology expressed the least knowledge of it, and the specimen that I took with me was very much desired by two of their number, to experiment with. I also brought it to the attention of the Medical Congress at Amsterdam, and there reported one hundred cases in which myself or my friends had tested it in operations on man.

Method of Using it.—The hydrobromic ether is best given in a folded starched napkin, so as to cover the face, and outside that a soft pocket handkerchief or second napkin. Twice I have found that unless the first drachm was crowded upon the patient it is apt not to act promptly. This has been a cause of failure in two or three instances, in the hands of able surgeons.

I have met with one or two specimens of hydrobromic ether which, on standing, would become brown, from free bromine, and also some of the specimens had a most disagreeable odor of bromoform, and others of free phosphorus. Another specimen was mixed with ordinary ether, and would explode and burn. One of the greatest advances in its use by the profession was the obtaining of a formula free from the explosive article, phosphorus, and furnished at a moderate cost; the full formula will be found in my work.†

The formula is $C_2 H_5 Br$. (Nunneley had it $C_4 H_5 B$). The boiling point is 105.2 F. Nunnely's not quite 105°. It has a density of 1.419 at 59° F.

Mr. Nunneley states that neither the specific gravity of the liquid or vapor, nor its boiling point, were given in the chemical works which he consulted at that day (1849).

Mr. N. gives no method of preparing it. His description is not quite applicable to the agent which I now employ. "The bromide of ethyl," he states, "is pleasant, rather insipid than not, but afterwards it is more pungent." Our description would be, hydrobromic ether is a pure, colorless, very volatile liquid, which evaporates with great rapidity on bibulous paper, leaving no residue, and a strong ethereal odor, which remains upon the patient's breath long after its use. It has a sweetish and hot taste. Its boiling point is intermediate between those of chloroform and ordinary ether. It is sparingly soluble in water, but mixes with it, and in all proportions with alcohol and ether, hence it is easy of adulteration. To show its true composition, when its vapor is decomposed by passing through a glass tube at a low red heat it is resolved into ethylene and hydrobromic acid gas. With ammonia it yields hydrobromate of ethylamine.

The name that it should receive and retain is hydrobromic ether; this is the title applied to it by Professors Maisch and Stillé and Dr. Green. In their first edition* they were not cognizant of any experiments on man, and in their second edition they only knew of the ten cases which I communicated to the State Medical Society in 1878. It was first made for me in July, 1877, by Professor Joseph P. Remington. Subsequently I reported thirty-five instances in which the hydrobromic ether was used by me, and published them in 1879. See "Artificial Anæsthesia," 2d ed.

But it has been well settled that it is not the first individual who made hydrobromic ether, (the anæsthetic under consideration), or even the one who first used it, who deserves all the credit; it is he who, by the expenditure of time, money and energy, not only makes its introduction a success, but also thoroughly endorses and recommends the same from an extended experience. I consider that this is the case concerning the introduction, and first use in this country by myself, of the new anæsthetic, which already has a certain amount of reputation with the medical profession.

Hydrobromic ether possesses the following properties:—

1. That hydrobromic ether is an anæsthetic which, with care, may be safely administered to man and animals.

2. That hydrobromic ether is more rapid in producing anæsthesia than even chloroform, and is eliminated, by respiration and the kidneys, more rapidly than any other of this class of agents.

* See Wood's Therapeutics, 3d ed., 1879. The subject is not even noticed, as far as we were able to discover.

† The "Advantages and Accidents of Artificial Anæsthesia," 2d ed., Philadelphia, 1879. I am happy to state that Messrs. Wyeth & Bro., of this city, are now able to supply it in any quantity, at a very moderate cost. Their product is entirely free from any odor, an objection to much of this anæsthetic as prepared by other chemists.

* The National Dispensatory, 2d ed., pp. 114, 115.

3. That the heart and respiration are but very slightly affected, unless employed in excessive quantities.

4. Vomiting is more rare than with ether or chloroform.

5. That owing to its odor being more rapidly removed, it can be used with comfort in a private office or the patient's chamber; and as a rule, the odor is more agreeable than that of ordinary ether.

6. Hydrobromic ether not being inflammable, and producing its anæsthetic influence on the muscles of the throat, any operation can be performed on the mouth and throat with satisfaction to the surgeon and comfort to the patient.

7. In vivisections it acts more promptly than ether upon animals, requiring, as a rule, only two minutes to bring a dog under its influence, and is not fatal, like chloroform.

How often was there nausea or vomiting during the use of hydrobromic ether? In one hundred cases there were twelve cases of slight nausea after the operation, and eight cases of vomiting during the operation, but always where the patient had partaken freely of food of a solid character just prior to the use of the anæsthetic.

Asphyxia.—This disagreeable and painful symptom was not noticed in any of the cases.

Fainting.—In no instance was there any evidence of fainting.

Hysterical Excitement.—This was noticed in some six cases, but soon passed away, leaving no bad symptoms.

Prostration.—In four cases was there some prostration, evinced by cold moisture on the hands and face, but of very short duration.

The rapidity with which the patients came under the anæsthetic influence of hydrobromic ether; ten cases in one minute and a half, twenty in two minutes, ten in two minutes and a half, forty in three minutes, ten in four minutes, ten in five minutes.

How long did it take to recover consciousness from the effects of the hydrobromic ether?

In fifty cases from two minutes to two minutes and a half; in thirty cases three minutes; and in twenty cases four and a half to five minutes. Struggling, coughing or gagging, which occurs so frequently during etherization was very rare under the anæsthetic influence of hydrobromic ether. This form of anæsthetic is not apt to produce headache. No giddiness attends the use of hydrobromic ether. Thus concluding the subject, he performed three experiments, viz., first, placing a pigeon under a glass frame of a little over a square foot in size, in which is a sponge saturated with the bromide of ethyl. It was seen that for some minutes the bird was not affected, but at about the *third* minute it seemed to lose the power of locomotion and gradually settled down into a state of quietude for a few seconds, when it appeared to be somewhat nauseated, ejecting a few grains of corn, and then again settling into a quiet sleep. Thus it remained, the air being admitted to it freely, for about two and a half to three minutes, then suddenly flew around the room, entirely recovered. While the bird was in the glass a dog and rabbit were also placed under its influence by inhalation, taking about two minutes for the rabbit, but as the dog succeeded in obtaining a larger amount of air, it took a somewhat longer time. While under the influence there were slight tetanic movements of the extremities, and soon after removing the ether slight stertorous breathing, from which, in the space of three to four minutes the animal had entirely recovered consciousness, although it did not seem to be inclined to move. The rabbit was apparently dead, but had it been taken into fresh air, and antidotal remedies and artificial respiration applied, it might have recovered, but these not being tried, it succumbed. Upon making a post-mortem, the right side of the heart was found engorged with dark venous blood, the left side very much contracted and empty. The lungs were beautifully shown by inflation, and but very slightly congested at their base, not enough to have had any effect in causing death. The kidneys were also very much congested with venous blood. The brain was entirely free from blood, not even the puncta vasculosa being seen, but at the torcular Herophili was found a large drop of the same dark blood.

COMMUNICATIONS.

OBSERVATIONS ON DYSENTERY.

BY J. J. CONNER, M.D.,
Of Palmer, Ill.

The frequency of this disease in many portions of the country gives to its study unusual interest to many readers. Passing by its history and general etiology, I come to the disputed point of its

Contagiousness.—Can it be transferred to other persons or not? The fact that the civil population in close proximity to an army with epidemic dysentery is scarcely ever attacked by the disease at the same time, would seem to prove that it cannot. It is admitted now, I believe, by most

of the authorities, that only in the dejections of a dysenteric patient is there any danger of another person being infected, or, as the phrase goes, the dysentery is not "catching," as we say of measles and smallpox.

Diagnosis.—There is not much danger of mistaking dysentery for anything else. About the only disease which simulates it closely enough to be mistaken for it is proctitis, or inflammation of the mucous membrane of the rectum. The history of the case, and above all, the peculiar appearance of the discharges, and the tenderness and puffed condition of the colon, would bar anything else than dysentery, and if in a country where epidemic dysentery is prevalent at the time, there would be still less room for doubting the presence of the disease in question.

Prognosis.—I think that in the majority of cases the prognosis of dysentery is favorable, especially in the sporadic form of the disease. If the exhaustion be not too great, and if the præcordial symptoms are not too well marked, and if the patient does not get to vomiting what is vulgarly termed "coffee grounds," which indicates that most of the alimentary canal is involved, and if singultus does not come on and last too long, I should say that the chances are in favor of recovery.

Prophylaxis.—As we do not know what the miasmatic poison which causes dysentery is, we, of course, cannot antidote it; but we may do something, though, in the way of prevention. If we happen to live in a region where dysentery is raging, we had better get up and leave, and thereby escape the disease. A person who is liable to the affection, or, in other words, predisposed to it, should use the utmost caution as to what he eats, and also keep his bowels in a lax condition, and be moderate in his exercise, so as not to overheat or fatigue himself very much. He should never use the same bed-pan that has been used by a dysenteric patient, nor the same syringe, nor even the same privy. The stools of a dysenteric patient should never be emptied into the common privy of the family, but should be disinfected as soon as evacuated, by chloride of lime, dry earth, solutions of alum, etc., and then carried off and buried.

Treatment.—On this point there appears to be no two agreeing, for we find this man and that one having a set rule or mode of treating this affection which is very unlike his neighbor's. The cardinal principle is to give the patient quietude and ease. How shall we accomplish this? I will say right here, that a great many cases require no treatment at all. Let the patient lie down flat upon his back and keep perfectly quiet, and he will get along first rate without any medicine; at most, a mild, cool, astringent enema, repeated once or twice in half a day, with a good Dover's powder at night, being rigidly careful about what he eats, will be sufficient for a large number of cases we have to deal with in this country.

In mild cases I have found it a good plan to give a cathartic of castor oil, sulphate of magnesia, or some other light purgative, to unload the congested portal system, and then give a good dose of opium, gr.j, binding the bowels for twenty-four hours, repeating the dose once or twice if necessary during the time; the third day give another cathartic, followed again by the opium, and repeated, pro re nata. Or, we may give opium, ¼ of a grain, and calomel, a grain, mixed and repeated every three or four hours, and at bedtime give ten grains of Dover's powder. In moderately severe cases we had better continue this treatment, with the addition of enemas of tannin, catechu, rhatany, columbo, etc., for their direct astringent effect, and for a sedative action, we may use the acetate of lead, emulsions of glycerine, gum arabic and laudanum; iodine and iodide of potassium in equal parts are recommended, also the chlorate of potassium and nitrate of silver. Some authors object to the use of enemas, especially in the grave types, for the reason that the patients do not bear them well, on account of the anus and rectum being so very sensitive to the touch that they cause a great deal of pain in their application, and extra desire to defecate; besides, the disease is often of such extent that the fluid cannot reach but a small portion of it, and consequently, the pain and tenesmus are more than enough to counterbalance the little good they do.

In just such cases as these hot fomentations to the abdomen are well borne, especially hot bags of meal and hops; even the dry hops made hot and applied over the track of the colon give great comfort, often allowing the patient to get some sleep and rest, which he more than anything else stands in need of.

Some recommend in these cases the application to the abdomen of leeches, especially if there are fears of peritonitis setting up. Others think they should be applied to the anus, so as to unload the terribly congested veins of the rectum.

In the worst forms of the disease there is little else to do in the way of treatment than what has already been indicated. We must not forget, though, that we have a patient's life to save, in

our anxiety, as well as a disease to combat. Supporting measures are now to be urgently recommended, and conscientiously carried out. We should insist upon our patient taking concentrated animal broths and fresh meat juice, raw, in connection with wine and quinine. We must also pay attention to the anal region, and keep the secretions well cleaned off, in order that excoriation of the external parts may not occur. Water cushions, perhaps, will be needed, to protect the hips from bedsores. The bed should be kept scrupulously clean, and the room well ventilated and warm.

About this time we are apt to see rise hiccough and strangury of the bladder, both bad symptoms, indicating exhaustion and debility. The diffusible stimulants are here urgently called for, and for the specific treatment of the hiccough the anti-spasmodics will do good, such as musk, camphor, assafœtida, etc. I have used with great benefit chloral, but it is a very powerful agent, and should be used with extreme caution now, as the patient at this time is very much exhausted, and cannot well bear such powerful remedies. For the strangury we may use the nervines, arsenic, nux vomica, and even the cantharides, and above all, we must not put off the use of the catheter too long. Should hepatic abscess occur it may be treated as it ought under other circumstances.

I have so far said nothing of the employment of ipecacuanha in this affection, having never used it only in the form of Dover's powder, being always afraid to give it as some recommend, viz.: to paralyze the stomach with opium in large doses, followed with the remedy in thirty-grain doses every three or four hours.

MECHANICAL TREATMENT OF UTERINE DISPLACEMENTS.

BY J. O. LIMBERMAN, M.D.,

Of Somers, N. Y.

Ten years ago I commenced treating uterine displacements with Smith's, Hodge's, Thomas', and many other varieties of pessaries, and I must confess, after carefully studying the malpositions and adapting the proper pessaries, I was completely disappointed in the results.

My patients did not improve, the uterus was not retained in its normal axis, hence the circulation was impeded, and the organ, thereby, kept engorged with blood. The calibre of the vagina, which had become enlarged, was still kept on the stretch by the shape of the pessary and its points of support, Douglas' cul-de-sac posteriorly, and the symphysis pubis anteriorly.

How are these difficulties to be overcome, and the proper indications met? I have had excellent results in these cases by using Staufer's hard rubber uterine supporter, which consists of a hard rubber cup, perforated with a few openings, through which the secretions may pass, in which the cervix uteri rests, and the organ is elevated and retained in its normal position by a slender stem, which is supported at its base by two elastic tubes attached to a belt around the waist.

Thus, we are supporting the weight of the uterus outside the vagina by a narrow stem which allows the vaginal walls to resume their natural shape and calibre, and also give it perfect rest and allow it to gain its tone and original strength, which it so much needs to support the uterus hereafter, if we expect to cure our patient.

I will select two cases from my note book which may be somewhat interesting.

Mrs. M., aged thirty, mother of one child, five years old. Had a bad getting up, she tells me, after the birth of her child. Thinks it was owing to incompetency of the nurse in allowing her to get up too soon. Has been troubled since then with profuse leucorrhœa, great weight in lower part of pelvis, pain in thighs, difficult and painful micturition, painful menstruation. Upon digital examination, I found the os tincæ resting on the floor of the perineum, and of a soft, velvety touch, which led me to expect ulceration. I then introduced a speculum and found both lips of the os studded with ulcers, the mouth patulous, the neck of the uterus sensitive and somewhat curved, from the weight it had sustained. On introducing a probe very gently, it occasioned bleeding, from ulceration within the cervix. The uterus measured five inches; could see pus pouring out of the mouth of the womb as I introduced the speculum.

I touched the ulcers with a strong solution of tincture of iodine and carbolic acid; also passed a probe covered with cotton wool and saturated with the solution as far as the osteum internum. I then introduced, and elevated the uterus with, one of Staufer's cup-shaped uterine supporters. I then advised my patient to keep quiet, and I would visit her in three days. At my next visit found she had worn the supporter with comfort, and the vomiting which she had suffered from for some time had ceased. Removed and cleansed the supporter, applied iodine to the cervix and replaced the instrument.

It is now three months since my patient commenced wearing the supporter. I called to see

her a few days ago, probed the uterus, and found it now measures three inches. She said she was feeling first-rate, had done a big washing the day before, and had just finished ironing.

CASE 2.—Mrs. F., aged forty-three, mother of two children, aged respectively twenty-two and twenty-four. Always enjoyed good health until the past three years. Had an attack of malarial fever, which left her very weak, accompanied with a great deal of backache, irritability of bladder and extreme nervousness.

She being a woman of great will, tells me she has managed to drag around and do her housework till last fall, when she was compelled to seek her bed. When I saw her she had been completely bed-ridden for thirteen weeks, unable to take a step.

I proposed a vaginal examination, and found what I had expected—displacement of the uterus. Her uterus was completely luxated forward, the cervix resting in Douglas' cul-de-sac posteriorly, the fundus resting on and dragging down the bladder anteriorly, which had caused a catarrhal inflammation of the bladder, which had given her intense suffering.

Satisfying myself that there were no adhesions of any amount, I attempted to place the organ in its normal position, but succeeded only partially, on account of the extreme pain she suffered. I then decided to let the supporter which I was about to introduce accomplish the rest, as I believed steady, well regulated pressure on the fundus would give less pain and accomplish the desired object. I therefore introduced one of Staufer's globe-shaped supporters, with short stem, into the anterior cul-de-sac, and attached it by elastic tubes to a belt around the waist. Called in three days, removed the supporter, washed out the vagina, made a digital examination, and found the uterus occupying its normal axis, which it had not done, in all probability, in the last three years. I kept my patient one week longer in bed, then allowed her to get up, walk around the room and sit up, which she has continued to do since; eats well, sleeps well, and declares she is well.

I hope by tabulating these cases I have succeeded in convincing some of my brother practitioners in the country that such cases can be treated, and treated successfully, outside the walls of a city hospital. Staufer's exchange privilege, which allows the physician, if the first instrument should not meet the requirements, to change until he has a perfect fit, without further expense than the original cost, is very advantageous to the physician.

One word more and I have done. I believe it is maintained by some gynecologists of eminence that the uterus cannot be probed through a tubular speculum, hence the great variety of bivalve, trivalve and quadruvalve speculums we have spread before us by our instrument makers. Now this idea is entirely erroneous, as I have demonstrated for myself, and any other practitioner may do the same if he will use one of the thin-shell, hard rubber speculums of Staufer's, slightly tapering and covered with a flesh-colored enameling, which gives a concentrated and true light; by the aid of the smooth-polish conductor a full size is easily introduced, which will facilitate not only bringing the os in view, but also the vaginal portion of the cervical neck. Through one of these speculums I have probed the uterus with the greatest ease.

HOSPITAL REPORTS.

GOOD SAMARITAN HOSPITAL.

SURGICAL CLINIC BY PROF. W. W. DAWSON,

Of Ohio Medical College.

REPORTED BY A. H. KELCH.

Spina Bifida.

The first case to-day, gentlemen, is one of spina bifida in a child three months old. You all understand what this condition is—a deficiency in the spinal wall, through which the membranes of the cord, the dura mater, and the arachnoid protrude. There is beneath the skin a bag of water, of superabundant arachnoid fluid, ever present. You may evacuate, it but it will be filled again in a few hours.

No satisfactory treatment has every yet been adopted in these cases. Pressure and the ligature have been tried; the suture, clamp, excision and injections have been resorted to, and all of them found next to worthless.

I evacuated this fluid at my office a few days ago, and applied a compress and bandage, and when the child was presented the next day the sac was refilled. I did the same thing again, and put on a stronger bandage, and in twenty-four hours it was again full. Even in my office, while waiting to fix another compress, it became partially distended.

The hydrostatic power of the fluid is very great. Some of you will remember that last winter I attempted to treat a case of this kind by the plaster-of-Paris jacket, but no good was accomplished whatever. The water comes down, lifts up the compress and prevents the union.

I have not seen this child for two or three days, and I am rather astonished, when I undress it, at the appearance of the tumor to-day; it is not more than half as large as it was when I last evacuated it.

In speaking of the different plans of treatment I referred to compression. This is, of course, the first thing which the physician thinks

of—some kind of a mechanical appliance which will close the opening and prevent the protrusion—but success has seldom if ever followed the practice. The late Dr. Brainard, of Chicago, reported a number of cases cured by the injection into the sac of a solution of iodine and iodide of potassium. He was a reliable man, and we must believe him, but if you look for the argument of the treatment you fail to find it. Here is an opening into which my little finger will pass; how could iodine or any other irritating substance close this? I confess I have never been able to see the philosophy of this plan; but as it has been reported successful, and as Velpeau injected the tincture of iodine with somewhat of benefit, I had intended to try the officinal tincture to-day; but as the tumor is smaller than it was three or four days ago, I believe I will for the present merely evacuate it. Is a cure to be reasonably expected? Here is an opening through which my finger will pass, and through this the fluid is constantly escaping, pushing the membranes before it. Of course, if we could close this the child would recover, but here is the fluid coming from above, washing away any plastic matter that may be deposited. The plan has been tried of opening the sac and attempting to stretch the sides across and unite them, but this fails, for the same reason; the water prevents the healing process.

Amputation at the Hip, after Previous Excision of the Head of the Femur—Bloodless.

I excised the head of the femur in this young man, for caries, in the early part of this course. Since then he has lost ground constantly; there has been no successful effort at repair; there has been a constant drain upon his system, through numerous openings. His limb is atrophied, drawn up, and if the sinuses of the hip were closed to-morrow the limb itself would be an incumbrance, a nuisance, simply.

The diseased bone in the limb is a constant source of irritation, and all hope of permanent repair is lost, hence nothing is left but amputation. Of course, I would hesitate to make an ordinary amputation at the hip joint in a person as weak as he is; the shock would be too great; he could not possibly withstand it; but in his present condition I think we can so manage the operation that he will lose little if any blood. We can adjust Esmarch's bandage so as to control the hemorrhage, but I may be compelled to make a long stump, to give perfect security; in this case that will be no objection.

If the elastic tourniquet acts as well to-day as we expect, you will say that no man ought to risk an amputation without its use. Vigorous men have been lost from the shock of an amputation caused by the great loss of blood, and that, too, since Esmarch gave this boon to the world. Now remember, gentlemen, what I say; no man could be justified now in amputating without this security against hemorrhage.

The head of the femur having been removed, I now apply the bandage and then the tourniquet. Upon this bloodless leg I make an incision along the femur, and with a circular sweep divide the muscles down to the bone, and free it from its attachments up to the point where it was originally divided. In thus amputating the limb a bloodless stump is left.

After the removal of the tourniquet some bleeding occurs high up, near the acetabulum, in the region of the ulceration left after the excision of the head; this is controlled by the use of the ligature; with this exception, not a drachm of blood has been lost; really, it is an amputation at the hip joint without hemorrhage.

Now, gentlemen, you all realize the advantage of this bandage; you see how slowly and deliberately we can work; you are not in the hurry you would otherwise be, to avoid the hemorrhage; you enter upon it as you enter upon any operation in which liability to hemorrhage is not a dangerous factor.

The question is always asked, of course, how do you find the blood vessels if you do not allow them to bleed? The tourniquet renders them prominent; they seem to stand out more in relief than the other tissues; they have more stamina about them than the fat or the muscles, or the cellular tissue, and by virtue of their prominence they are easily recognized.

You see I am careful to tie every twig that is liable to give any hemorrhage, and when the tourniquet is withdrawn, if there is nothing left but a little oozing, I shall close the stump at once. This patient could poorly have borne the loss of blood; a small quantity would have turned the scales against him. The loss of an ounce has often proved fatal when vitality was at a low ebb.

In cases like this, of course, union at first intention is not to be expected throughout the whole flap; much tissue has been lost at the seat of the excision and here the repair will be made by granulation.

I doubt if you will ever see a more beautiful illustration of the value of Esmarch's bandage than that presented in this case, although we have had some troublesome hemorrhage from the broken and diseased vessels in the region of the original operation.

The previous excision of the head of the femur gave me some advantage, but I believe it will be possible to so arrange the elastic tourniquet as to render the ordinary amputation at the hip a bloodless, and hence a comparatively safe, amputation.

Urethral Calculi—Rupture of Urethra.

The next case, gentlemen, I present to you is one of rather indefinite history, but of great interest. This man, aged about 55 years, came from forty miles up the country, to the hospital, last night, with urethral obstruction, calculi; two or three of them, in the urethra in front of the scrotum. He says they have been there several days. They arrested the flow of urine; rupture finally occurred, infiltration followed, and an abscess developed in the perineum, through which the urine escaped and is still escaping, it being the only outlet. The scrotum is large and highly inflamed; I find hard bodies in the urethra in front of the scrotum, closing the urethra completely. Can you imagine a man in a worse condition for suffering, the way for the passage of the urine being completely plugged.

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definite history. He says that five years ago an operation was performed, but what operation, or for what performed, I cannot determine. Since that time small calculi have occasionally been discharged by the penis, attended generally with great pain, sometimes, however, attended by but little suffering.

We will now put him under ether, and see first what is the condition of the urethra, and, if possible, of the bladder. What is your duty in these cases? Make a thorough, and if possible, a correct diagnosis. After examining the urethra, go on and investigate the bladder.

This man must have had these stones in the bladder, floating there, for an indefinite time, and finally getting into the urethra and working their way along toward the meatus, lodged in front of the scrotum. You see in this case the necessity of examining thoroughly. Whenever a man comes to you complaining of a disagreeable sensation in the urethra or bladder, do not give him a placebo and send him away; do not give him some remedy to increase the urine, such as spts. nitre, etc. Examine him; see whether he has stone in the urethra or in the bladder; see whether he has stricture, or cystitis, or prostatitis; determine definitely such questions. If you follow such practice you will be more competent as physicians and more worthy of the title you bear. Never allow an ambiguous case, if you can avoid it, to remain so. I said to you, one day, when talking about "Pott's Disease" and "Hip Joint Disease," strip the individual and look at him from head to foot." So in these bladder cases, cases of urinary trouble, go in with your sound and see what is the trouble.

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I cut down upon the hard bodies in the urethra and find three or four calculi—phosphatic. They are so imbedded in the penis, so covered over by plastic matter, that I am compelled to literally dissect them out. All of them, except one, are very rough and angular. After the removal of these obstructions I attempt to pass a small catheter into the bladder, and I find that the swelling and infiltration have so encroached upon the urethra as to almost obliterate it.

When the inflammation has subsided, then an operation for the relief of the stricture may be made. Strictures must become chronic before they can be operated upon with safety or promise.

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This man, a blacksmith, thirty-five years old, eighteen weeks ago was struck by a horse and thrown down upon a pile of boards. He got up disabled, lame in the hip, and he has remained so ever since. The hip joint is immobile and very tender. When I put him upon the table and measure, you will find but little difference in the length of the limbs. When the limbs are flexed upon the body the knee of the injured side sinks a little below that of the uninjured, but hardly sufficient to decide that the head of the bone is in the ischiatic notch. If this be not dislocation, the bone evidently not having been fractured, what is it that keeps up the lameness in this man? It is a low form of inflammation of the hip joint; he goes from morning till night without moving the hip, and the joint is perishing from want of use. Motion to a joint constitutes its natural stimulus; it is as essential to the healthy condition of the joint as light is to the eye.

This is an instructive case; it is one of the kind often treated by "bone setters" successfully. You will hear that Dr. ——, "the natural bone setter," had "set" a joint, and put the individual on his feet, and that he walked. These are simply cases of false anchylosis, from contusion and too long disuse. The "bone setter," placing his patient upon a table, and then diverting his attention, suddenly flexes, extends and rotates the limb, and bids him walk; he often does so. Nature cannot tolerate disease. A joint that has been kept quiet after a comparatively slight injury becomes tender by too prolonged rest. Inflammation seldom follows the manipulations made to break up the adventitious bands that are often formed around joints with abridged motion; in fact, the tenderness disappears, and this disappearance of tenderness is often very striking. The "bone setter" has learned this; he breaks up the adhesions fearlessly, and advises his patient to make free and immediate use of the disabled limb. These persons pretend to reduce dislocations; in fact, they call all of the stiffened joints luxations, and accuse those who have been in charge of carelessness, of ignorance, of gross neglect. The attending physician is often sued for malpractice because he did not "set" the limb, did not "put the joint back to its place."

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To illustrate: the "bone setter" often finds a carpal bone out of place; a little pressure is

made, the wrist is flexed and the disability disappears. This practice was well illustrated a few years ago, in a work by Dr. Hood, of London, whose father had rendered a service to one of these "natural bone setters;" this man, at his death, revealed "the secret." It consisted in suddenly restoring to the partially fixed joint its function. Thus we often, from the unlearned, derive practical and valuable lessons.

Two Cases of Double Equino-varus.

The boy, 11 years old, with equino-varus of both feet, was presented to you a few weeks ago. Previous to entering the hospital he had been walking, running, playing, as other boys, but upon the sides of his feet. The deformity is very great, the external malleoli almost touch the ground, and the plantar surfaces look toward each other; the bones are as much at fault as the muscles.

In one foot I have resorted to tenotomy; in the other I am trying to see what I can do by manipulation alone. Thus we will be able to compare the two methods, manipulation and tenotomy.

In the newly-born babe, when the muscles are divided, it matters not what the deformity, the foot can be brought into position. But not so in this boy, 11 years old; the bones resist me, and they can only be overcome, brought into normal condition again, by long continued effort.

I believe in the rapid treatment when it is possible; to reduce the foot, as soon as the muscles are divided, to its proper form, and to keep it there by an apparatus sufficient for the purpose. In the very young, adhesive straps will be sufficient; in the more advanced in age appliances well fitted and of positive strength can only be relied upon.

The second case is a remarkable one. You see this little boy running over the area, but he walks upon the sides of his feet, He is three years old and well developed. The case is a duplicate of the first, but more marked in all its features: both feet are involved; equino-varus intensified. You see his toes point backward, and the heels do not touch the surface, by more than an inch. Here, although the patient is but three years old, the bones firmly resist, and now, after dividing the tendo-Achilles, the two tibial muscles and the flexor longus, it is impossible to either bring the foot down, so that the whole of the plantar surface touches the floor, or to completely overcome the inversion. In these feet, as in those of the other patient, it will require time and intelligent manipulation to overcome the deformities so that retaining appliances may be resorted to with advantage.

What a triumph it will be, however, to send these children, this boy and this child, home, no longer fearful cripples, but fairly and firmly erect, with good use of the feet.

The kind of apparatus must be determined by the case. In some it is only necessary to restrain the foot; in others, the limb too, and sometimes above the knee, must be supported.

In the child the limbs are rotated at the knee, hence the feet are thrown so far inward and backward that a peculiar instrument will become necessary, an instrument that will overcome both the rotation and the inversion.

The paralyzed condition of the opposing muscles must not be lost sight of during the mechanical treatment. They have been so stretched, so elongated, that their contractile powers are well spent; relieved of this by the feet being righted, electricity, rubbing, spanking, etc., may be applied with advantage.

Medical Societies.

ACADEMY OF NATURAL SCIENCES.

BIOLOGICAL AND MICROSCOPICAL SECTION.

At the last meeting of the Biological and Microscopical Section of the Academy, Dr. Carl Seiler continued his observations on methods of microscopic work (see REPORTER, current volume, page 130). The various substances in use for preserving objects prepared for microscopic examination were considered, and the results of the Doctor's rich experience were given at length. The advantages and disadvantages of balsam and glycerine, respectively, were considered, and the statement made that for some things the one answered, while the other would be utterly useless, and *vice versa*. In some cases, such as embryonic tissues, the delicate processes of certain cell structures could not be seen except by being mounted for examination in glycerine, but that substance, it was found, would not preserve them indefinitely, so that balsam had to be resorted to as a permanent preservative medium. The best modes of preparing balsam were also considered, and it was said by the speaker that most of the balsam sold in the shops was defective in quality, so that it was necessary to prepare the crude balsam by heating it, so as to free it, by evaporation, from certain deleterious substances which are always mixed with it, and then to dissolve it in absolutely pure benzine, an article which, again, was difficult to obtain in a state of purity, although the speaker had succeeded in finding a dealer who supplied an article which was all that could be desired.

Various ingenious devices were described for facilitating the process of mounting thin and delicate sections of large objects by means of floating them out on to paper, from which they could be turned over upon the cover glass, which was to be used in finally mounting them for permanent preservation. A peculiarly-shaped forceps was also described, by means of which the operator was enabled to pick up a cover glass and reverse it, place the specimens upon it and put the mounting medium over it, so as greatly to expedite and lighten the labor of preparing large series of specimens. The mode of fastening or securing cover glasses was also described, for which a turn table and a proper kind of cement were needed. A self-centring turn table was named, which enabled the operator to centre every slide. This form of table was provided with a set of peculiarly adjusted cog wheels, by means of which the desired object was quickly and certainly attained. Various cements were described, and the formulæ given for their composition; one, especially, for securing prepara-

tions mounted in glycerine, was considered a great desideratum. Its base was the substance known as "stratena," the formula for the preparation of which was given, and a method described by which it was rendered impenetrable to and insoluble in glycerine.

The methods used by the Doctor for rendering cover glasses and slides chemically clean for mounting purposes were described, while a great number of time- and labor-saving expedients were also mentioned in this connection. For cleaning off the balsam, where this material had run out over the slide and cover and dried, it was recommended to place the slide upon the turn table, and with a few rapid turns the balsam could be very quickly removed with a cloth dipped in a little benzole. The speaker also described the best methods of labeling the mounted preparations so as to avoid confusion and unnecessary annoyance in finding any desired specimen. After a number of questions by the members, the speaker announced that he would continue his remarks at the next meeting of the Section.

Mr. Ryder mentioned that he had recently identified a "communal monad" from New Jersey, which, singularly enough, was first noticed in Bohemia by Professor Stein. This form lives in a fan-shaped structure composed of many tubes, which is built by many generations of individuals, until their common home or phalanstery is capable of accommodating over a hundred individuals. The formidable name of this very minute creature is *Rhipidodendron splendidum*.

Editorial Department.

Periscope.

Treatment of Iritis.

Eugene Smith, M.D., of Detroit, in an article published in the *Michigan Medical News*, says that all forms of iritis require prompt treatment, and the parenchymatous and syphilitic varieties particularly, call for rigorous treatment. Rarely should we abstain from the employment of mercury. Nearly all agree that mercury causes, more quickly than other remedies, the disappearance of the manifestations of syphilitic infection, and all appreciate the danger of temporizing when so delicate an organ as the eye is affected. Experience has demonstrated that this medicine is of all remedies the most efficacious against the excessive formation of cellular elements caused by inflammation, and that which produces most rapidly and easily the absorption of neoplastic formations, consequently it is invaluable in the treatment of the parenchymatous forms of iritis. It matters but little in what form it is administered, but if it disagrees with the stomach when taken internally, it is best given by inunction. Diaphoretics may also be given, and the patient confined to his bed or kept in the house, in a room comfortably darkened, as the continued efforts at contraction to which the iris is subject when the eye remains exposed to the variations of light cannot but have an unfavorable effect on the inflamed tissue.

The use of atropia should be, before all else, rigorously observed, and it is useless if used weaker than four grains to the ounce of water. (Atropia sulph., grs. iv; aqua, ℥j.) Aside from the rest thus given to the iris, we prevent adhesion of the pupil to the central portion of the lens capsule, and the opacities which are thereby formed, which are more or less detrimental to vision. The atropia paralyzes the intrinsic muscles and prevents their contractions, favors the intraocular circulation, and places the eye in the best possible way for recovery.

It is very rare that adhesions (synechiæ) occur when atropia is used early in the disease, but if exudation has taken place into the pupil, and strong adhesions have formed, as is most likely to be the case, strong solutions, six, or even eight grains to the ounce, should be used. I frequently make use of the powder itself. If we fail in breaking up the adhesions we are certain to have recurrent attacks, which may lead to irido-cyclitis, irido-choroiditis, and loss of the eye; possibly of both eyes, or necessitates an operation for the relief of the patient. If we succeed in producing some dilatation of the pupil, but do not break up all of the adhesions, we may be successful by using alternately eserine and the atropia.

When a considerable exudation threatens to produce occlusion of the pupil, or when syphilitic tubercles or condylomata develop so largely as to nearly fill the anterior chamber, it may be necessary to excise a portion of the iris (iridectomy). Seldom is it necessary to resort to operation when the case has been promptly and properly treated from the start.

During the entire treatment of iritis, the patient's diet should be carefully watched, as relapses not infrequently occur from some excess.

The constitution of the patient should be taken into consideration, and once the first attack has passed, relapses may be prevented by general treatment.

Advantage of the Median over the Lateral Operation in Cases of Encysted Calculi.

James M'Craith, F.R.C.S., Surgeon to the British Seamen's Hospital, at Smyrna, in a communication to the *Lancet*, January 24, 1880, says—

There is a series of cases of so-called encysted calculi, by no means infrequent, and of which I believe I am the first to offer an explanation as to their history, manner of formation, and diagnosis, and to lay down a rule of treatment deduced from

thence. The median operation should be the rule in such cases. A stone escapes from the bladder as the bladder is in a contracted state; the opening forms low down in the neck; the escaped stone lies between the bladder and rectum; generally, or almost always, it can be felt by the finger from the rectum; it may have a button-head or be of an hour-glass shape, the secondary stone lying in the cavity of the bladder, or it may be fixed, only one-third or more being contained in the cyst, as in Dr. Lediard's case. Now, if in such cases you perform the lateral operation, you must manipulate a good deal, as Dr. Lediard says was necessary, in getting hold of the stone, and more particularly in clearing the cyst of calculous particles adhering to its walls; and after having succeeded in this (if you do succeed), you will leave a pouch communicating with the bladder in which urine and blood-clots will lodge, and prevent union, and cause danger to your patient. All these inconveniences, dangers and difficulties you avoid by the median operation. You cut directly into the cyst on the stone, you bring it away; and if, as in Sir A. Cooper's case, the neck and head also come away, you need not cut the bladder at all. You can clear the cyst of adhering particles, of blood-clots, etc., and there remains a free direct passage for escape of urine, blood, or secretions which come away after the operation. If after bringing away the part of the calculus external to the bladder, you see that either a secondary stone or a button-head still remains in the bladder, you have only to enlarge the opening, either on your grooved staff or with a probe-pointed bistoury, and bring the part away as you would do in an ordinary case. The advantages of the median over the lateral operation in these cases are so evident that I conceive it would be idle to discuss the question. In my encysted cases I found no difficulty. But we have still a great deal to learn of the natural history of encysted stones. I have hazarded an opinion that the stone is very much modified in size and shape by the action of the living tissues of the walls of the cavity to which it is adherent. I founded this opinion on the almost perfect similarity of such stones in shape—certainly not the shape they possessed before being lodged—and also in size.

The Use of Faulkner's Spoon in Removing the Degenerated Tissue in Strumous Enlargement of Glands.

In the *Lancet*, January 24th, 1880, we find the following case reported:—

Patient, a young, strumous-looking woman, was brought into the operating theatre. She had been troubled for a considerable time with enlarged glands under the jaw, and a few months before had had some of these removed by operation. Since that time there had been constant discharge from a sinus; and now there could be felt a small, hard tumor, which was no doubt the seat of the irritation. The treatment of such cases as this was formerly, Mr. Lister remarked, very unsatisfactory. The best that could be done for the patient was to give cod-liver oil and careful nursing, and to try by general constitutional means to get the patient into a better state of health; the local condition was not interfered with, and the caseous masses or discharging sinuses were left alone. Now, thanks to Professor Faulkner, we have a better method of treatment. In this case he intended to take one of Faulkner's sharp spoons and scrape out the degenerated gland tissue. He considered that this method was a very great advance in surgery, as it enabled the surgeon to completely remove unhealthy tissue, and so relieve the patient of a constant sore and perpetual and annoying discharge. The spoons used were of different sizes; the smaller ones could be used for scraping out sinuses, the larger ones for deeper cavities; they were between sharp and blunt—not too sharp, so as to cut into the healthy tissues with too great facility; but not so blunt but that they might, if carelessly used, go through an artery or a vein. Mr. Lister then proceeded to remove the degenerated gland mass, first scraping away the superficial, blue, undermined skin, and then scooping out the caseous matter, bit by bit, until the hard lump formed by it had disappeared. The wound was then syringed out with a solution of zinc chloride, a drainage tube inserted, and the parts dressed antiseptically. Patient was under the influence of chloroform during the operation.

Mountain Fever.

John Van Rensselaer Hoff, A.M., M.D., Assistant Surgeon U. S. Army, in an article published in *The American Journal of the Medical Sciences*, January 1880, says:—

1st. The fever of the Rocky Mountain region is a hybrid disease, the prominent features of which are typhoid, the modifying, intermittent; is, in fact, the typho-malarial fever of Woodward.

2d. It appears during or after exposure incident to field service, generally, though not necessarily, in late summer and early autumn, and seems to bear no relation to typhoid infection as now usually accepted by the profession.

3d. At its inception, this disease manifests itself as an intermittent of quotidian, tertian, or other form; this stage is followed (in about two weeks) by the typhoid stage, lasting in the neighborhood of four weeks, in which typical typhoid symptoms may be observed, modified to a greater or less degree by intermittent indications.

4th. The pathological anatomy of the disease is that of typhoid fever.

5th. The treatment should be antiperiodic and antipyretic.

Ergot in the Treatment of Chronic Cystitis.

Joseph W. Thompson, M.D., of Paducah, Ky., in the Nashville *Journal of Medicine and Surgery*, Feb., 1880, reports the following interesting case:—

John F. H., age seventy-one years, has been a great sufferer for several years with cystitis, the result of enlarged prostate. Has been evacuating the bladder for two years with a Nelaton's soft catheter. Every few weeks he would have severe spells of suffering, with increased difficulty in introducing the catheter. The painful

attacks lasted from three to five days, during which his suffering would be almost unbearable. On the 12th of July last I prescribed twenty drops fl. ext. ergot three times a day. After using the ergot thirty-two days, there was a perceptible improvement. He now had to evacuate but one time each night, whereas, before taking the ergot the demands to evacuate the bladder were very frequent. He was also much more comfortable during the day, and his general health was better. On the thirty-second day I increased the ergot to thirty drops, three times a day, and he has continued to take it up to this time. It is true that he is not well, yet, compared with his condition before he began the ergot, he is very comfortable. He has had no severe fit of suffering since he has been taking the ergot, but before he began taking it he was subject to those severe spells every few weeks, lasting from three to five days, as before stated. There was torpor of the lower bowels, with obstinate constipation, and free water injections would produce but slight evacuations. He had been using the ergot but a short time when the bowels became regular, and have continued so.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Malignant Degeneration of a Fibroid Tumor of the Uterus, is the subject of a pamphlet sent us by Drs. Albert N. Blodgett and Clifton E. Wing, of Boston.

——An interesting reprint is a pamphlet on Posture in the Treatment of Intestinal Colic and Ileus; with a Consideration of the Pathology of Spasmodic Colic, by Frank H. Hamilton, M.D.

——Color Blindness and Defective Sight among Railroad Employés, is the title of a little pamphlet containing, among other matters, a letter on the subject from Dr. Fritly, of Holmgreen, of Upsala, Sweden.

——From the twelfth annual report of the board of managers of the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases we learn that 269 new cases were treated during the year 1879.

——The *North American Review*, for March, has a series of excellent papers on political and religious subjects chiefly. Its contributors are among our most able writers, and the influence of the review is constantly increasing.

——We have just received the report of the Eye and Ear Department of the Philadelphia Dispensary for the year ending Nov. 30, 1879. During the year 2319 eye patients, 1577 ear patients, and 91 throat patients had been treated, and 199 operations for cataract, 140 for iridectomy, and 161 for strabismus, had been performed.

——A little work entitled "Hygiene and Education of Infants; or How to Take Care of Babies," 18mo, paper, price 25 cts., pp. 72, is a translation of a paper edited and published by the Société Française D'Hygiène, of Paris. It tells the young mother what is necessary to know concerning the minute details of the baby's life: how to clothe it, how to feed it, how to wean it, etc., etc., etc., and, by its lucid explanations, will relieve her of the many anxieties which, to the inexperienced, wait on every moment of the baby's young life. Robert Clarke & Co., Publishers, Cincinnati, O.

——Lippincott's Magazine for March opens with a description of the Lakes of Minnesota, with their healthful and picturesque summer resorts, which are already much frequented by northern tourists, and which, judging from this article and its attractive illustrations, deserve to be better known. There are two other illustrated papers in the number—the IXth chapter of Dr. Oswald's "Summerland Sketches," which treats of Yucatan, and the conclusion of Edward King's account of "Old and New Rouen."

"The American Suez," is the title of an article which will be read with special interest, and there are a number of other readable papers.

BOOK NOTICES.

The Therapeutics of Gynecology and Obstetrics, Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women, as set forth by distinguished contemporary specialists. Edited by William B. Atkinson, A.M., M.D., etc. Philadelphia, D. G. Brinton, 115 South 7th street, 1880. 1 vol., 8vo, pp. 365. Price, cloth, $3.00, leather $3.50.

The already great and constantly increasing number of treatises, monographs, and articles on gynecology and obstetrics renders it impossible for any but a determined specialist to keep pace with the suggestions, discoveries, and improvements in this branch, unless he has recourse to some such conspectus or epitome of the field as the one before us; indeed, we may say, to this very one, for nowhere else do we find all the remedial resources and therapeutic suggestions collated and presented as they are here. It is a difficulty with all other works that their writers have favorite plans of treatment, prefer certain remedies and object to others, and thus never fairly and fully state the pros and cons of all; this is natural, and where one writes wholly or

chiefly from the results of his own experience, is unavoidable.

In the present volume, however, the editor designedly omits writing from his personal observation, but endeavors to present with sufficient fullness and entire impartiality the therapeutic methods recommended by the most eminent specialists, and not by them only, but by all writers as well whose suggestions are well supported. The plan of the book is similar to that adopted in Napheys' *Medical Therapeutics* and Napheys' *Surgical Therapeutics*, of which series it is, in fact, a continuation. The therapeutics of a disease is first given, from a number of authors, after which follows a Résumé of Remedies, in which the various drugs and therapeutic measures recommended on good authority are arranged in alphabetical order, and their merits discussed in the light of the best experience.

The volume is divided into two nearly equal parts, the first on Gynecological Therapeutics, the second on Obstetrical Therapeutics. The former is subdivided into three chapters, the first on Diseases of the Ovaries, Disorders of Menstruation, and general diseases; the second on Diseases of the Uterus and its Annexes; the third on Diseases of the Vagina, Urethra and Bladder. Each of these chapters begins with a "Synopsis of Diagnostic Points," indicating briefly the differential diagnosis of the diseases about to be considered. These include all those discussed in gynecological treatises.

Part second, Obstetrical Therapeutics, is also divided into three chapters, one on the "Disorders of Pregnancy," the second on the "Complications, Disorders and Sequelæ of Parturition" and the third on "Diseases of the Mammary Gland and of Lactation."

The first of these chapters discusses in separate sections the hygiene of the puerperal state, abortion and premature labor, the vomiting and nausea of pregnancy, sympathetic nervous disorders, digestive derangements and albuminuria. In the chapter on parturition are sections on anæsthetics in labor, tedious labor, after pains, puerperal hemorrhage, eclampsia, mania, septicæmia, thrombosis, etc., pelvic cellulitis, and similar topics. In the chapter on the mammary glands are included the topics of mammary abscess, tumors, neuralgia, galactorrhea, diseases of the nipples, etc.

The object of the editor has been to present the opinions of a large number of selected recent authorities on the treatment of these various complaints. The thoroughness of the work can best be judged by the three copious indexes which are appended. That of the authors gives not less than four hundred and seventy-two (472) names. All countries are represented, and the effort has been made to indicate accurately the details of the treatment recommended. The precise formulas used are preserved, not, of course, with a purpose of offering them for servile imitation, but to show by definite examples what combinations exactly have been employed.

Transactions of the Vermont Medical Society for the year 1879. pp. 103.

Transactions of the Tenth Annual Session of the Medical Society of Virginia. 1879. pp. 151.

In his address on preventive medicine, the germ theory, and blood poisoning, the president of the Vermont Society, Dr. Bullard, said that preventive medicine, so-called, is based chiefly, though not entirely, upon what is called the germ theory of disease, which he as yet considered to be all *theory*, and he appealed to those who practice over "the green and healthy hills of Vermont" to recall cases of typhoid fever and of diphtheria wherein they were unable to trace them to the particular unsanitary conditions necessary to produce "this imaginary germ," and to state whether they had ever seen the need of antiseptic surgery. Papers were read on septicæmia, by Dr. Bingham; on chronic purulent inflammation of the middle ear, by Dr. Peck; on preventive medicine, by Dr. Upham; and several others.

The president of the Virginia Society, Dr. L. S. Joynes, sought, in an able address, to impress on his hearers the importance of organization and the necessity of co-operation in the furtherance of aims and enterprises from which benefits would accrue both to the profession and the public; he hoped that more practitioners would in the future come forward and add their experience to the common stock of medical knowledge. There are, he said, few men in the profession who could not contribute something of value, and in this work of mutual improvement the city and country physician are under equal obligations. An address was delivered by Dr. Oscar Wiley, on the reflex influence on the physician of the work of healing; reports were read on advances in chemistry, pharmacy, materia medica and therapeutics, by Dr. E. T. Robinson; on advances in obstetrics and diseases of women and children, by Dr. B. Jennings; on advances in the practice of medicine, by Dr. Wm. H. Bramblett; on advances in hygiene and public health, by Dr. S. K. Jackson. Besides these reports, papers were read on various subjects of interest to the profession.

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DOES VACCINATION PROTECT?

It may not be known to all our readers that there is published in London a monthly journal called *The Vaccination Inquirer*, and that there exists in that city, with branches throughout the kingdom, a society, the object and aim of the journal and society being to encourage opposition to vaccination, either voluntary or compulsory. The grounds of the opposition are, first, that vaccination does not prevent smallpox; secondly, that it injures the patient by introducing poisonous matter into his blood; and thirdly, that it may actually increase smallpox by spreading its virus in the community. The alleged greater prevalence of smallpox in the last century these writers explain, in the first place, by doubting the statistics handed down to us; and in the second place, by attributing it to bad sanitary conditions, and to erroneous treatment of the disease. It is interesting to see how much can be said in favor of a false view, and how plausible a sophistry can be made to appear by a careful avoidance of unanswerable points, by a skillful manipulation of figures, and by doubting what cannot be denied.

If there is any one discovery in medicine which may be said to have been an undoubted boon to humanity, it is the discovery made by Jenner. For all that, it is possible so to manipulate statistics, so to exaggerate certain drawbacks it has had, so to conceal its benefits, that it can be made to appear a positive detriment. The same is done with the laws for restricting prostitution, and it is instructive, so far as these latter are concerned, to note how the same tactics employed against them will make vaccination appear dangerous and destructive.

It is true—and a singular truth—that in England, since vaccination was made compulsory, in the year 1867, smallpox has become more prevalent. But this, so far from being an argument against, is, in fact, one for vaccination. According to an able sanitary officer, Dr. CAMERON, it is due to two principal causes, namely, a deterioration of efficacy in the humanized lymph used, and the undesigned but actual adoption in various instances, for purposes of vaccination, of a lymph which is not vaccine lymph at all, but true smallpox virus. To the combined operation of these causes—the production of a state of things analogous to that which existed when inoculation of smallpox was the rule in that country, and the gradual diminution of protective power in our real safeguard against the disease by means of true vaccination—Dr. CAMERON would assign the exceptional smallpox epidemic of 1870–73, and subsequent undue prevalence of the malady.

It has also been pointed out by Sir THOMAS WATSON, M.D., that in numerous instances what was called "bovine virus" was obtained by inoculating a cow with smallpox virus, and using the lymph from the pustules to charge quills and points. He observes that in this way a prodigious amount of mitigated smallpox must have been unconsciously scattered about and kept up, and the otherwise mysterious vaccination statistics of England become capable of explanation.

We believe that this dangerous error is not yet wholly extinct among the profession of this

country. All are not fully aware that the cowpox which furnishes genuine bovine virus is wholly distinct from smallpox; that it is in no sense "another form of the disease," as is sometimes said; and that it neither can produce variola nor be produced by it.

Although some of the London medical journals have criticised Dr. CAMERON'S views sharply, there is no doubt of his correctness. Supported as his second proposition is by such an authority as we have quoted, his first one is proved by the unanimous observations of those who have studied the comparative effects of bovine and long humanized lymph on the human subject. It is evident to such that the latter loses power, and does not impress the system so decidedly. That it is wholly free from the possibility of transferring depraved conditions of the blood, is another and most valid argument for its exclusive use.

That smallpox, in spite of its unexplainable frequency, has lost much of its terrors by the modifying effects of vaccination, is a truth not sufficiently emphasized to-day. In fact, one might say that the production of disastrous consequences, in those it did not kill, is one of the almost forgotten facts about smallpox. Even in medical accounts of the disease these consequences are too lightly dismissed. Blindness, carbuncles, loss of hair, loss of nails, enlarged glands, large metastatic abscesses, skin eruptions, pigment spots, ulcers, gangrene, etc., etc., are among the legacies of this disease, to say nothing of the common disfigurement and the risk to life.

This, as well as its native malignancy, is well illustrated in India. One of the Council of Bengal lately referred to the immense, almost incredible, loss of life caused by smallpox, especially among young children, in India (100,000 deaths, in round numbers, occurring yearly, on an average, from this cause, in the Bengal Presidency alone), and to the great physical disabilities, notably disfigurement and blindness, which were apt to be occasioned among those who suffered from the disease, but who escaped its fatal effects. Further, he remarked: "In the figurative language of the east smallpox is called the inevitable bridge which every child has to cross before entering into life, and recovery from the disease is considered second birth. . . . Qther diseases are looked upon as accidental, but smallpox is regarded, as indeed it is, almost universal. It touches the keenest of human sensibilities, for there are thousands in this country who, though spared by it from death, still have traces of its violence in the deep marks on the face or the loss of an eye."

These facts prove that its diminished severity in Western Europe and the United States is not owing to the virulence of the disease diminishing with time, but to the influence of some other cause; and we most strenuously maintain that that cause is none other than *vaccination*.

NOTES AND COMMENTS.

Therapeutical Notes.

FORMULÆ FOR CHILBLAINS.

The following formula for Dr. Valentine Mott's Remedy is given in the *Proceedings* of the Medical Society of the County of Kings:—

℞. Beef's gall, ℥ iv
Ol. terebinth, ℥ iv
Spts. vini. rect., 90 per cent. ℥ iss
Tinct. opii, ℥ j. M.

Another formula for the same affection is—

℞. Beef brine, Oj
Potassæ nitratis, ℥ ij
Aquæ ammoniæ, ℥ iij. M.

BATTEY'S FORMULA.

℞. Iodini cryst., ℥ ss
Acid. carbol. cryst., ℥ j M.

Combine the two by gentle heat.

Dr. Bellamy, of Wilmington, N. C., states, in the *North Carolina Medical Journal*, December, 1879, that the above formula has given him more satisfaction in the management of those intractable forms of skin disease characterized by intolerable itching, and more particularly in eczema marginatum, than any other parasiticide.

THE APPLICATION OF COLLODION IN ACUTE RHEUMATISM.

Dr. John W. Reins, of Crescent City, Cal., in a communication to the San Francisco *Western Lancet*, says that where the disease is confined to one joint he is in the habit of using collodion, by applying it freely all over the joint, making four to five coats each day, for two or three days. In September and October he treated two boys,

of thirteen and fifteen years of age, respectively, by that means. In a few days the pain, swelling and tenseness had passed off, and they went to school again, entirely relieved. It is preferable, he thinks, to the plaster-of-paris bandage, as it is not so cumbersome, and may be added to from day to day, as the particular case may justify.

FORMULÆ FOR RINGWORM.

A writer in the *British Medical Journal* gives the formula for Coster's paste, thus:—

℞. Iodine pigment, ℥ij
Oil of cade or oil of juniper tar, ℥j. M.
Fiat embrocatio.

He finds the following formula, however, most effectual:—

℞. Iodine pigment,
Creasote,
Oil of cade, āā ℥ss. M.

This, he says, in cases of early ringworm, is an effectual remedy if well brushed into the roots of the hair. The addition of a quantity of iodine makes the preparation more valuable.

THE USE OF ERGOT IN INFLAMMATORY AFFECTIONS.

C. Handfield Jones, M.B., in an article on pneumonia, published in the *British Medical Journal*, November 29, 1879, says—

With regard to ergot, I may mention that, though I have tried it in various inflammatory affections, notably in bronchitis, it has, on the whole, disappointed my expectations. Theoretically, it ought to be a great remedy for inflammation; but practically, it has not often accomplished much.

Adulterated and Unintentionally Poisoned Food.

It is gratifying to announce that the National Board of Trade have offered prizes to the amount of one thousand dollars for essays on the adulteration of food and drink.

The aim of the competition is to obtain the best essay upon the subject of adulteration of food and drink in the United States, together with drafts of suitable State and national laws relating to this subject.

The object to be kept in view in preparing the essay shall be to show: First, What are the usual deleterious adulterations of articles of food or drink in this country; second, the effect of these adulterations on health and on trade; third, the best means of detecting and preventing their recurrence with the least interference with commerce and with the least expense to the community; and fourth, the reasons for the legislation proposed.

Particulars may be obtained by addressing Dr. John S. Billings, U.S.A., Washington, D. C.

We regret that the scope of the essays does not specifically include the unintentional poisoning of food and drinks in the processes of their commercial preparation. A few days ago we noted the poisoning of a whole family in Peoria, Ill., by a dish of canned salmon. Hams cured in a certain manner are said to be poisonous; and many other articles of food are deleterious more through ignorant preparation than adulteration.

The Cinchona Cure for Drunkenness.

A good work is done by Dr. Charles W. Earle, in the Chicago *Medical Journal and Examiner*, February, in showing up the worthlessness of the pretended "cinchona cure" for drunkenness, heralded by a Dr. D'Unger, of Chicago. What his conclusions about it are will be seen from the following extract from his article:—

"I do not say that not a single person to whom this drug has been administered has stopped the use of liquors; but I do say that not one with whom I have come in contact has, and in many cases its use has rekindled an old desire which by resolution and education had been nearly conquered. I do not say that in every case following the administration of this nostrum injury to the patient has come; but I do say that in every case which has fallen under my observation this has been the result."

The Contagiousness of Leprosy.

Dr. Fr. Eklund, of the Royal Navy of Sweden, says, in a monograph recently published at Stockholm, that leprosy is more contagious than syphilis, and that consequently even stricter measures should be taken to prevent its spread, the only means of doing which consists in completely isolating those afflicted for the remainder of life. The author visited Norway during the summer of 1878, and spent several months in the worst afflicted districts and at the five leper asylums, for the purpose of studying the nature of this disease.

Although the author does not positively deny that the disease may occasionally be inherited, yet he believes that its chief mode of propagation is by contagion, in proof of which he adduces the following facts:—

1. In only a small proportion of the cases whose history he was able to learn had leprosy existed in either of the parents or grandparents.

2. In almost every case it was found that the patient had either slept in the same bed, eaten

from the same dish, or made use of the same towel with lepers for a longer period and within from one to eight years prior to the disease showing itself.

3. Among thirty-four lepers he found ten to be parents of thirty-three healthy children, several of whom had reached adult life without developing any symptoms of the disease.

4. The microscope discloses the presence in the blood and in all the secretions of certain specific bacteria which may thus easily be communicated to others.

The author estimates the number of lepers in Norway at the present time to be about 2000; this number he found, from the government statistics, to be constantly decreasing.

The Phosphates in Food.

Prof. Horsford says, in a recent paper, it is a familiar fact that some persons of feeble digestive power prefer embrowned meats and toasted bread, to underdone flesh and plain bread. The difference between them is mainly due to the effects which incipient burning has produced; and one of these effects is the more or less perfect separation of the monobasic and dibasic phosphates from the organic radicals entering into the composition of the tissue. The ashes of wheat, rye, oats, Indian corn and barley, and of seeds in general, contain phosphoric acid chiefly as dibasic phosphate. The form in which it occurs in the ashes of most animal tissues other than bones and teeth is monobasic phosphate. In some of them, as in fish meat, the phosphates are feebly combined. A mere soaking of a piece of codfish in water for a few moments will separate sufficient phosphoric acid in some soluble combination to yield a ready reaction with the usual tests. Fish as an article of diet has been commended, because of the facility with which it may be digested, and because it has been supposed to be especially suited to supply nutriment to cerebral tissue. It has been suggested that the facility with which the phosphates may be disengaged from the complimentary part of the fish tissues is the explanation of both these peculiarities and in some degree of the process of digestion as a whole. The emulsion which results from the action of the gastric juices, like that from the joint action of ferment and mineral acid, like hydrochloric acid in artificial digestion, is to produce an acid phosphate. It is but reasonable to infer that the addition of the acid phosphate to food, or its administration as a medicine, will prove nutritious.

Injurious Effects from Vulcanite Plates.

Samuel Sexton, M.D., in an article published in the *American Journal of the Medical Sciences*, for January, 1880, states that vulcanite plates produce diseases that are more frequently the source of reflex aural disease than any others worn. They have been in use for over twenty years, and their adoption is very general. The constituents of this are caoutchouc, the sulphur required in the vulcanizing process, and vermilion or the sulphide of mercury, used for the color it imparts. The quantity of the latter ingredient is believed to be equal in weight to both the other substances mentioned; accurate knowledge, however, is withheld by the manufacturers. The gradual disintegration of these plates, as they are worn in the mouth, liberates a salt of mercury whose poisonous effects are well known. But besides yielding a poison, they are otherwise injurious to health. Inquiries from dentists elicit the fact that at least one-third of all those who attempt to wear them experience great irritation of the mouth, an irritation that is frequently accompanied by hyper-secretion of the buccal fluid. The sufferer usually lays aside the plate until informed of the necessity of becoming accustomed to its presence by uninterrupted use. Vulcanite is a non-conductor of heat, and the effect of its contact with the highly sensitive tissues of the mouth is to produce hyperæmia and inflammation. Another source of injury is the very close contact of these plates, which is maintained by atmospheric pressure, and may favor the absorption of their substance.

Effects of the Turkish Bath.

The *Archives of Dermatology* for January, 1880, informs us that from a study of the effects of the bath, Dr. Flemming concludes: 1. The temperature of the body and the pulse-rate are markedly raised. 2. The respiration falls at first, but is afterward less influenced. 3. The urine is increased in density, and deprived of a large proportion of its chlorides, while, if anything, an increase in the amount of urea is produced. 4. The principal effect upon the arterial tension seems to be an increase produced by the greater rapidity of the heart's action, combined with the dilated or gorged condition of the capillary circulation.

Hence its most important effect is the stimulation of the emunctory action of the skin. During the bath large quantities of water must be taken. The elevation of the temperature, pulse-rate and blood-pressure point to the necessity of caution in cases where the circulatory system is diseased.

CORRESPONDENCE.

The Uses of Veratrum Viride.

ED. MED. AND SURG. REPORTER:—

I was much pleased with the article of Dr. E. H. Sholl, on this subject, and will add a few words drawn from my own experience.

I do not think the profession yet fully understand its value in traumatic inflammation. In a case which I had, four or five years ago, where a lad of about fourteen years fell on an iron standard, ½ or ¾ of an inch in diameter, and with a rough extremity, penetrating the rectum about five inches, and producing severe laceration, followed with violent inflammation and its attendant febrile movement, I could do nothing locally, or very little to purpose. I was compelled to rely on arterial sedatives and opium. Here veratrum served me well, and with the opium (Squibb's liq. opii comp.) I was able, as with a strong hand, to hold the inflammation in check, and in a few days subdue it entirely.

In acute dysentery of threatening character I have called in the aid of this agent with a prompt and unerring reduction of the inflammation. In one case, where the febrile movement was of a very sthenic character, the patient, by mistake or recklessness, took a poisonous dose of it about twelve hours after I commenced its administration, and after that had not another dysenteric movement, and I feared for a little while would never have any other. Opium, brandy, and dry heat restored her.

I have had several patients take hypermedicinal doses, and get a sudden jugulation (as the French say) of their pneumonia or other inflammation.

In good, honest, acute articular rheumatism—the more severe the better—I regard veratrum as serviceable as in pneumonia. This, with opium and sal Rochelle, will do the work quicker than salicylic acid. Veratrum as a sedative, sal Rochelle as an alkaline element, and opium to subdue pain and restrain over action of the salt, and there we have the thing in a nutshell.

Homer, N. Y. C. GREEN, M.D.

ED. MED. AND SURG. REPORTER:—

I forward you a few lines on the treatment of convulsions in children and lying-in cases, either before or following labor, with hypodermic injections of the tinct. of veratrum viride.

Having used this remedy in a number of cases of convulsions, both in children and lying-in cases, with the most satisfactory results, without going into the causes operating to produce them, I deem it my duty to lay it before the profession, and would recommend its employment, as one of the most speedy and valuable agents, properly administered, which has been brought to the notice of the profession. In every case in which I have employed it, I have no hesitancy in saying that I have obtained the most prompt and gratifying results, relieving the patient in from a half hour to an hour and a half, with no subsequent ill effects. For children, when in such condition, I have usually administered from two to four or six drops, according to age, introducing the remedy either upon the chest or at the insertion of the deltoid; and with puerperal cases, from eight to ten drops, in like situations.

Knowing from my own experience and observation the great anxiety which is often felt, both on the part of the physician and the friends, for immediate relief from such conditions, I unhesitatingly give it as my opinion that the above is one of the best and surest remedies at our command to be administered as above indicated, for when such conditions exist patients are always in a state of unconsciousness, and, consequently, deprived of their ability to swallow.

A. R. ERSKINE, M.D.

Huntsville, Ala., Feb. 14, 1880.

Blistering in Pneumonia.

ED. MED. AND SURG. REPORTER:—

The question of blistering in pneumonia, I see, is being discussed in the columns of THE REPORTER. It is a subject in which I am much interested, and would like to see thoroughly investigated. If it is of no use, as many eminent members of the profession claim, then let us have that fact established beyond a preadventure. It would, at least, save the physician trouble and the patient a great deal of unnecessary suffering. Taking the number of square yards of denuded, inflamed surface caused by the advocates of the blistering process throughout the country into consideration, I think it will not be denied that it is the cause of more pain, in the abstract, to the square inch than any other agent used by the profession in the treatment of disease. On the other hand, if it is (as its advocates claim), and I, as one of them, firmly believe) a powerful agent in the treatment of pneumonia, it becomes our imperative duty to resist every attempt to bring it into unmerited disrepute, and to take so valuable an accessory out of our hands. Being a blisterist of twenty odd years' standing, I most unhesitatingly record my experience as being in its favor. Indeed, I am astonished that any one should doubt the efficacy of the proceeding. In my opinion, the difficulty in the way of the anti-blisterists (and for that matter, of some who make use of them) arises from a mistaken notion as to the action of a blister. Counter irritation is the only effect they seem willing to accord it, when, in truth, the principal benefit derived from a blister in a bad case of pneumonia depends upon the cantharides taken into the system by absorption, through the medium of the denuded surface. This, in my humble opinion, is the true secret of the blister. I do not propose at this time to discuss the action of cantharides on the system in cases of pneumonia. I simply wish to record this secondary action of the blister as a fact which I have observed and demonstrated in various ways, to my own satisfaction and that of several of my professional brethren in this vicinity. As the old time physician used to regard slight ptyalism, in bad cases of pneumonia, as almost sure salvation for his patient, so I, with cantharides, hail with satisfaction the first symptoms of its constitutional effect, viz., strangury, or at least an approach to it, as a sure sign

that my patient is going to get well. I sincerely hope that this communication may be the means of starting an investigation by persons more competent to elucidate the matter than myself.

JAS. W. HEREFORD, M.D.,
Mercer's Bottom, W. Va.

Cases of Puerperal Convulsions.

ED. MED. AND SURG. REPORTER:—

Seeing an article on "Puerperal Convulsions," by Dr. T. A. Pope (REPORTER, No. 7, page 137), and having had two cases of the same trouble, I submit them for what they are worth.

CASE 1.—I was called at 3 P.M., February 22, 1878, to Mrs. W., aged 17. Patient a primipara. Found the patient in convulsions. Had been attacked suddenly, and the family could not account for it. I first gave chloroform, by inhalation, until the convulsions were checked—they were nearly continual—then I gave a brisk cathartic. On making a digital examination I found the os dilated about as large as a silver dollar. After a time I held up the chloroform and the convulsions returned. I again resorted to the chloroform, and held her perfectly under its influence till the babe was born, labor having progressed naturally, at 11 P.M. After removing the placenta I slowly took away the chloroform and my patient made a good recovery. She was rather plethoric and of a nervo-sanguineous temperament. In this case I neither bled nor gave anything other than the cathartic and chloroform.

CASE 2.—Mrs. McL., age 19, a primipara, took her bed January 1, 1880. A midwife was in attendance and she reported to me that labor seemed natural from the beginning, early in the morning, until about noon, when she had a convulsion, and I was immediately summoned. On arriving I found her just recovering from a convulsion, and within five minutes I saw one of the most horrible convulsions I have ever witnessed.

She was a plethoric, full-habited lady, of rather a bilious temperament. I immediately gave chloroform by inhalation, and as soon as possible gave a decided dose of the compound extract of colocynth and calomel. I found, on examination, the os fully dilated, and in half an hour delivered the child. I kept her as fully as possible under the influence of chloroform until the placenta was delivered, when, she having lost rather severely from flooding, I removed the chloroform. I did not think the convulsions would return after bleeding so freely, and, indeed, told the family as much. After remaining something more than half an hour, I proposed to leave, when I was horrified to see my patient in another convulsion, as terrible as any before. I again resorted to chloroform, and advised them to keep it up until there was no more danger. About nine o'clock at night a woman came, and I sent ten grains each of bromide of potassium and chloral hydrate. She said that the convulsion at nine o'clock was the only one since I left. I learned next day that not one dose of the chloral solution had been given, and the chloroform and cathartic had filled the bill, for nothing else was given.

Some may condemn me for not doing more, yet my patients are both alive and well to-day, with each of the children, and that is a guaranty to me of having done just enough. I may have bled, may have given a thousand and one remedies, but in the first case I did not have time, and in the second case I needed time also.

Montague, Texas. J. E. STINSON, M.D.

Pruritus Ani.

ED. MED. AND SURG. REPORTER:—

From time to time I have noticed in the English medical periodicals earnest inquiries as to the best remedy for the above-named affection; and a recent issue of the *British Medical Journal* contained a reply to these, giving a number of prescriptions. One writer proposed a most extraordinary one, if I understood it aright, viz: wearing a plug of cotton wool (raw cotton), applied to the anus, a few shreds being introduced within the external sphincter, to keep the mass in place.

It is not my intention, here, to go fully into the subject of this very troublesome and annoying symptom, with which it is probable that every practitioner of surgery has often had to deal. But among the causes of it there is one which I do not think has been pointed out, or, if noticed, sufficiently dwelt upon. This is the pressure of a small fecal mass against the internal sphincter.

Whether from want of tone in the upper bowel, or from carelessness on the part of the patient, a full evacuation is not obtained, and a sort of supplementary stool comes down and rests against the sphincter muscle.

This form of pruritus is at once relieved by the injection of a small quantity (perhaps f. ℥ ij) of *cool* water, which brings away a few small lumps of fæces.

The other form seems to be analogous to the seemingly causeless itching of the vulva in women, or of the skin generally in old people, or to what Duhring has described under the name of *pruritus hiemalis*. The bowel is thoroughly emptied, the skin is kept scrupulously clean, and yet the itching is such as to require the utmost self-control on the part of the patient to keep from tearing the skin with his nails. I will not occupy time and space with the details of cases; but would only say that I have tried all the usual remedies: powdering the skin, astringents, anodynes, calamine powder, very hot water, which gives relief for a time, ice water, which does the same, at the risk of producing most painful spasm of the perineal muscles. But during last summer I had a case of this kind which baffled all my endeavors, until I used the following prescription:—

℞. Camphoræ.
Chloral hyd., āā ℥ ss
Ung. petrolei, ℥ vij. M.

SIG.—Ointment.

This gave immediate relief, and a few applications only were needed; the itching was permanently allayed.

Repeated experiences with it since that time have so satisfied me of its efficiency, that I venture to suggest it to the readers of your valuable

journal, in the hope that they also may find it a "friend in need." JOHN H. PACKARD, M.D.

1924 *Spruce St., Philadelphia, Feb.* 16, 1880.

Dialysed Iron in Diseases of Women.

ED. MED. AND SURG. REPORTER:—

The following cases seem worth reporting:—

CASE 1.—Subsequent to convalescence from a severe illness of puerperal fever, dysmenorrhœa occurred, attended by painful and protracted menstruation, with loss of appetite and neurasthenia, and tenderness over the region of the spine and ovaries. Ten drops of dialysed iron and one drachm cod-liver oil (Marvin's), three times a day, were prescribed. In the course of three months the patient was relieved.

CASE 2 occurred in the person of a lady of Portsea, England, who had suffered repeated miscarriages, affecting seriously her general health and nervous system. The use of the above prescription in a few weeks produced, as the patient wrote to me, "the most astonishing improvement in her condition." She is now in the enjoyment of her usual health.

CASE 3 was one of dysmenorrhœa, accompanied by subacute inflammation of the cervix uteri, in the person of a youthful, unmarried female. At the monthly period she suffered violent headache, with symptoms of uterine colic and complete prostration. Ten drops of Wyeth's dialysed iron and thirty drops fluid ext. ergot were prescribed every three hours, a day or two previous and during the catamenial discharge, along with hot water douches and absolute rest in the recumbent position. This patient has now no trouble and enjoys robust health. The iron must be reduced in quantity or suspended, whenever headache is produced.

FRED. HORNER, JR., M.D.

Salem, Va., February 7th, 1880.

Chronic Eczema.

ED. MED. AND SURG. REPORTER:—

Having seen no reply to "K. S.," in REPORTER of January 24th, in regard to his "Case of Obstinate Eczema," and being satisfied that the case is still under his professional care, I venture to suggest a continuation of cod-liver oil in half ounce doses, three times daily, for at least six months. Give in addition half-drachm doses of fluid ext. berberis aquifol., three times daily, to which a small quantity of rhamnus purshiana should be added, if there be indigestion of the bowels.

For external use there is nothing better for chronic eczema than the unguent, first suggested many years ago by Professor Watson, I believe:

℞.	Tar ointment,	℥j	
	Calomel,	ʒj.	M.

to which cosmoline may be added, to dilute the tar, if it be too stimulating. There are no charges for this prescription if "K. S." will report progress through your columns, after using it for six weeks. J. C. C.

NEWS AND MISCELLANY.

International Sanitary Conference.

The following joint resolution, authorizing the President of the United States to call an International Sanitary Conference, to meet at Washington, District of Columbia, was introduced in the Senate February 2 (S. R. 73), by Hon. I. G. Harris; and on the same day in the House of Representatives (H. R. 195), by Hon. Casey Young, and referred to the Committees on Epidemic Diseases.

Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled, That the President of the United States is hereby authorized to call an international sanitary conference to meet at Washington, District of Columbia, to which the several powers having jurisdiction of ports likely to be infected with yellow fever shall be invited to send delegates, properly authorized, for the purpose of securing an international system of notification as to the actual sanitary condition of ports and places under the jurisdiction of such powers, and of vessels sailing therefrom.

Habits of Drunkenness Induced by Alcoholic Medication.

A few years ago we requested physicians to report any cases of habits of alcoholism induced by alcoholic medication, which had occurred to them individually. Several mentioned cases *they had heard of*, not one cases he knew. The opinion on this subject we then expressed has been independently confirmed by a committee of physicians in Ottumwa, Iowa, in reply to a communication from the Woman's Temperance Union, asking them to cease exhibiting alcohol.

They write (Dr. J. Williamson, Chairman): "In a practice of twenty-five years and upward we have not met with a single instance of relapse from this cause. You need not be told how prone are men of this class to excuse their weaknesses in one way or another, and what better can they do than to lay their fall to the charge of the doctor? It is an old trick, practiced by tobacco chewers, and others having vicious or nasty habits."

Anti-Vivisectionists.

Mr. Henry Bergh, the well known "philotherian," of New York, is urging at Albany the passage of a bill to abolish vivisection. His argument was intended to show that the mutilation of dumb animals by scientific men was not necessary to the advancement of science, and he cited cases where living dogs had been "cut to pieces" merely to illustrate the palpitation of the heart. From long and close observation of the canine race, he was at times tempted to believe that these animals possessed souls, for he discovered in their intelligence the phenomena which existed in himself. He thought the inevitable consequence of perusing works treating of medical science was astonishment at the conflicting opinions of its disciples. Great discoveries in

medical science, he contended, were not made by vivisection. Harvey, to whom had doubtfully been assigned the discovery of the circulation of the blood, had left on record the fact that it was reflection which led to the discovery.

Diphtheria in Russia and Poland.

The ravages of diphtheria in Russia appear to be increasing rather than diminishing. The disease would seem, indeed, in certain districts, to be obtaining pestilential proportions. The epidemic is now penetrating into Poland, and attacking there especially scholars. Numerous victims have fallen to it in the gymnasium of Chelm. One sanitary detachment formed by the Red Cross Society, for the relief of the diphtheria-stricken districts in Poltava, has left St. Petersburg. It consists of thirty-one sisters and five medical men. Other detachments will follow.

The Dental Colleges.

On the 27th ult., the Pennsylvania College of Dental Surgery held its 27th annual commencement. The degree of D.D.S., was conferred on 57 graduates.

On the same day the Philadelphia Dental College held its commencement. The graduates were 32 in number.

Both the schools are in a flourishing condition, with competent teachers and excellent materials for instruction.

Personal.

Dr. William Strew, of New York City, who was recently removed from his position as medical superintendent of the Insane Asylum on Blackwell's Island, has begun action against James Gordon Bennett, proprietor of the *Herald* and *Telegram*, claiming $50,000 damages. He claims he lost his position through false publications in those papers.

—*Correction.* In Dr. Sams' letter, p. 174, two errors occurred, *apnea* instead of *dyspnœa*, and *then* instead of *thus*.

OBITUARY NOTICES.

—Dr. Thaddeus M. Leavitt, a well known physician of Germantown, Pa., died February 24th, of heart disease. He was only 34 years of age, but had already acquired a wide and enviable reputation.

—Sir Dominic John Corrigan, one of the most eminent of Irish physicians, died at Dublin, February 1st, in the 79th year of his age. He had been a Member of Parliament and a fluent writer.

—Dr. Lemaire, of Paris, who, under the name of phenic acid, first introduced carbolic acid as a therapeutical agent, has just died, aged seventy-four. He was formerly *chef de clinique* of Prof. Bouillaud, who pronounced one of his eloquent orations at the grave.

—Dr. Benjamin H. Catlin died at his residence in Meriden, Ct., last week. He was one of the oldest physicians in the State, for years a member of the American Medical Association, and a former Vice-President of that organization. He was seventy-eight years old. Until within a few months he had attended to his regular practice.

—Dr. Daniel Sheffer died at York Sulphur Springs, Pa., on Monday, the 16th, in his ninety-seventh year. He early obtained an active and successful practice of medicine in his native county, but later turned his attention to politics, and became one of the most energetic and prominent Democrats of York. He served in the Twenty-fifth Congress from September 4th, 1837, to March 4th, 1839. He was a man generally respected in his community, where he did much good in a quiet, unobtrusive way.

QUERIES AND REPLIES.

Tobacco Antidote.

In answer to inquiry of Dr. B. B. L., of Illinois, in regard to antidotes for tobacco, I would say that I have frequently recommended, with results highly satisfactory, the chewing, instead of tobacco, simply gentian root. The taste for the "weed" will subside in from two to three weeks. D. J. SNYDER, M.D.

Scio, O.

—*Economicus, Ind.*—It is doubtful if the most profitable practice in the United States averages $60,000 yearly, say for five or ten years. We do not know of a practice in Philadelphia which averages quite up to $40,000 a year, though several closely approach it.

—*Viator, N. Y.*—The cost of living in London, Paris or Vienna, differs little from that in New York or Philadelphia.

—*I. T. S., of O.*—The influence of the moon on the insane, if verifiable, is probably owing to the light nights increasing their insomnia.

—*Lucile, Pa.*—The American Health Primers sell at 50 cents per volume.

—*Dr. A. S., of Pa.*—Address Dr. Henry Gibbons, San Francisco, Cal.

MARRIAGES.

JUDKINS—ANDERSON.—In Cincinnati, O., at the residence of Mrs. M. W. Latham, No. 107 Broadway, February 10th, 1880, by the Rev. G. H. Kinsolving, Dr. William Judkins and Miss Nellie Anderson.

DEATHS.

BATES.—In New York, on Friday, the 20th inst., Frank H. Bates, Jr., M.D., aged 24 years, son of Major Francis H. Bates, United States Army.

BRANDRETH.—At his residence, Sing Sing, N. Y., February 19th, 1880, of embolism of the heart, Dr. Benjamin Brandreth, aged 72 years.

GROSS.—In Camden, N. J., on the 5th inst., Elam De Forest, twin son of Dr. O. B., and Mrs. Fannie A. Gross, aged 14 months and 20 days.

HARTT.—At his residence, in New York, February 21, 1880, Henry Le Baron Hartt, M.D., aged 38 years.

KIDDER.—In New York, on Thursday, February 19th, 1880, at the residence of his son, Augustus S. Kidder, No. 104 West 34th street, Frederick T. Kidder, M.D., in his 73d year.

LAWRENCE.—In New York, on Monday morning, February 16th, after a brief illness, Madison Lawrence, M.D., son of the late John and Patience Riker Lawrence, in the 77th year of his age.

LAWRENCE.—In this city, on the 21st inst., Mordecai Lawrence, M.D., aged seventy-seven.